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International Association of Fire Fighters

MONTANA STATE COUNCIL
OF
PROFESSIONAL FIRE FIGHTERS

EXHIBIT 7
DATE 3-4-09
SB 79 Announcements

Date: February 11, 2009

To: Rep. Arlene Becker, Chair
House Committee on Human Srv.
Helena, MT.

From: Tod Miller, President
Mt. State Council of Professional F.F.
Rt. 2 Box 3391
Miles City, MT. 59301

Dear Representative Becker,

As President of the Montana State Council of Professional Fire Fighters I would like to offer this letter as a statement of opposition on behalf of our membership to SB79. Our organization represents career Fire Fighters in all municipalities, four Fire Districts, and those of the Montana Air National Guard.

Of the membership we represent, a significant number are involved in a fire based delivery of Emergency Medical Services (EMS) including patient transport for a municipality and/or county, or District. This delivery of EMS represents a significant source of revenue for our respective municipalities or Districts as well as a significant investment on their part for the training and on-going certification requirements that are required by law to provide EMS.

We believe this bill, while well intended, has become too broad in scope and could have unintended consequences not envisioned when drafted. Rather than being a vehicle to assist with recruitment and retention of volunteers as we understood its original intent to be this bill, if passed, has the potential to impact our municipalities and Districts financially and have an overall detrimental effect on EMS delivery in our State.

Based on our understanding and interpretation of the current language in the Bill, our concerns are as follows;

1. Definition: Non-emergency ambulance transport - is ambiguous and untenable. Any patient being transported with a medical or physical condition requiring them to be transported from one facility to another can at any time change from a non-emergent patient to one needing medical care. Transports from rural facilities to other health care facilities that would honestly fall within this category represent a very small percentage of the overall call volume.
2. Definition - inter-facility transports are currently provided by all fire based EMS providers in the State we represent. Income from these transports is a significant portion of the budgeted income for the EMS service these municipal or District departments provide. These include Miles City, Lockwood, Livingston, Anaconda, Frenchtown, Kalispell, Whitefish, Havre, and West Yellowstone. All could be negatively affected financially by

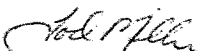
enabling a lower level of care service to compete for these inter-facility transports. Municipal or District fire based EMS costs are fixed at a level that will sustain the ALS service they provide. This would preclude them from competing with a lesser staffed, lower level of care service.

3. Definition - due to cost containment or control measures used by Medicare and other insurance companies to determine payment of claims, transports *not* emergent in nature are the most difficult to make collection on and most often become the responsibility of the individual, even if authorized and accompanied by a signed "needs" document by the physician. This would negate the intent of this Bill.
4. Staffing (1) - because of long transport times in rural Montana areas to treatment facilities, the general direction of EMS delivery for career fire based EMS has been needs driven towards Advanced Life Support (ALS) skills and certifications to increase viability and survivability of patients with life threatening trauma and acute medical conditions. This need was supported by data provided to the interim committee demonstrating the high mortality rate that exists in rural areas. Training for, and providing an ALS service requires a concerted effort between the municipalities or Districts, EMS providers, and receiving health care facilities and represents a significant investment on their behalf. While being the appropriate thing to do in terms of meeting the EMS needs of rural Montana, it carries with it a higher cost in terms of staffing that EMS service. Rates or fees for service are set at an amount needed to sustain that ALS service. This Bill enables a "transport provider" to offer their services at a lower cost for "non-emergent" inter-facility transports or EMS service thus limiting or removing altogether a significant source of revenue for any EMS provider whose fees and staffing are based on providing an ALS service.
5. Staffing (2) - Miles City, Livingston, Anaconda, and Havre all currently offer fire based EMS at an advanced level and do so in counties of less than 20,000 population. To allow, by statute, a provider to offer EMS service at a lower standard creates an uneven playing field in which the municipality is at disadvantage to compete after having made the investment and commitment to deliver a higher level of care for the citizens of their city and/or county.
6. Staffing (2) - lowering the level of care in the rural portions of the state where mortality from trauma or acute medical conditions is already high is not the answer to staffing problems and places the health and safety of residents in those area at risk.
7. Staffing (3) - this provision expose the remaining portion of the State to a lower level of care, excluding only the most populated metropolitan areas where transport times are the shortest. This is just the reverse of what is needed.

This is a very complex issue and one that is difficult to explain in written form. We understand and appreciate the effort of Senator Juneau in attempting to help volunteer EMS providers. Coming from an area surrounded by small rural counties, I fully understand and appreciate the difficulty they have recruiting and retaining volunteers to staff their ambulance service. Unfortunately, it is our opinion this Bill does not accomplish what the original intent of it was. We believe it may prove to be more detrimental to EMS overall in the State of Montana than was anticipated by allowing lower standards for the delivery of EMS in rural areas where advanced skills and greater staffing is what is truly needed and therefore urge a Do Not Pass.

We whole heartedly offer our assistance to Senator Juneau to work on a new Bill in the interim which would accomplish her objectives of assisting rural volunteer EMS providers in the challenges they face with recruitment and retention of volunteers and the staffing of rural volunteer ambulance services. Thank you for your consideration in this matter,

Sincerely,



Tod Miller